



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 827355

Section I

GENERATOR (Generator completes all of Section I)

Generator Name: Georgia DOT
Address: 15 Kennedy Dr.
Forest Park, GA 30050
Phone No.: (404) 363-7571
Owner of the generating facility differs from the generator, provide:

Owner's Name: _____ h. Owner's Phone No.: _____

BFI WASTE CODE:

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Description of Waste: _____ k. Quantity:

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 Units:

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 No.:

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 TYPE:

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GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date:

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Section II

TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I
Name: _____
Address: _____
Driver Name/Title: _____
Phone No.: _____ e. Truck No.: _____
Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: _____

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: _____

Driver Signature: _____ Shipment Date:

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Section III

DESTINATION (Generator completes a-d, destination site completes e-f)

Site Name: _____ c. Phone No.: _____
Physical Address: _____ d. Mailing Address: _____

Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature: _____ Receipt Date:

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Section IV

ASBESTOS (Generator complete a-d, f, g, Operator completes e)

Generator's Name: _____ b. Operator's Phone No.: _____
Generator's Address: _____
Special Handling Instructions and additional information: _____

Generator's Certification: _____